FOR STATE DEPT. HEALTH

00

TO DEPUTY MED. EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute are certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to are funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burlal-transit permit. File pages and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5) 5M 1/65

	MARY	LAND STATE DE	PARIMENI UF	HEALI	H	
Divisio	n of STATISTICAL RESEA	RCH AND RECORD	S, 301 W. PRESTON	STREET	r, BALTIMOR	E 1, MARYLANI
06369	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF I	DEATH	114343

III-	0102315315	U -	UIL
	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	esidence before admission)
ŀ	Somerset MARYLAND	a. STATE Maryland b. COUNTY Wic	Omico /
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Dames Quarter	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give hearest town)
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	Fruitland (Rural)	le. IS RESIDENCE
	Mon1e Bay	Box# 291 (Allen Rd	ON A FARM?
1	3. NAME OF First Middle		Day Year
	DECEASED (Type or print) CARROLL LINWOOD	BANKS SR. DEATH MARCH	20 1966
	1. MARKIED 22 HEVER MARKIED	B. DATE OF BIRTH 9. ACE (In years IF UNDER last birthday) Months	Days Hours   Min.
		oct. 11/1922 43 vrs. 05	00
1	10a. USUAL OCCUPATION (Cive kind of work dona 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	CO	TIZEN OF WHAT
	Travern Owner & Operator	Fruitland, Maryland U	SA
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	John F.Banks	Alverta Emily Brumbley	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes tire way or dates of service) 212-18-6826 HT	informant rs. Nelda E. Banks (Wife) Box# ruitland, Maryland	291
13	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Drowning		minutes
	850 X DUE TO .		
4	Conditions, If any, which gave rise to immediate (b)		
1	cause (a), stating tha DUE TO		
1	undarlying causa last. (c)	TO TO THE TEXT NAME OF COUNTY OF CONTROL OF COUNTY OF CO	119. WAS AUTOPSY
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCU CAUSE OF DEATH.		PERFORMED? YES NO
	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DESCRIBE HOW INJURY OCCU	RRED. (Enter nutura of Injury In Part I or Part II of Item 18.  • ver while fishing	)
		CE OF INJURY (Home, farm,   20f. (City or town) (Cou	nty) (State)
		ry, street, office bldg., etc.)	merset Md
	21. I certify that I took charge of the remains described above, help	d an Autopsy , Inspection A, Inquiry X,	and in my opinion
	death resulted from: Natural causes Accident Sui	cide, Homicide, Undetermined manner	
1	911111	CHIEF MEDICAL EXAMINER	
	SIGNATURE CELLEY FUCLEY	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
	EXAMINER'S Dr. Everett C. Sutter (Mames Q	DEPUTY MEDICAL EXAMINER X March	23/1966
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY		
2		lly Cemetery -Near Fruitla	ind, Md.
	24. FUNERAL DIRECTOR ADDRESS	TAND MAR 29 1966 Missile	S SIGNATURE
1	HOLLOWAY & COMPANY SALISBURY, MARY	TLAND MAR 29 1966 Juliante	The same of the sa

coliverill 30000 60 DO COLL ration ( march) Leads wister 10: 201 (Allen E.) THE SINO CARROLL LIMBOOD Oct.11/1922 43 05 09 lale' 'nite Pruitland, Meryland U S A Travern Owner & Operator yeldwell ville ejgevia John R. Banke Yes v. II 212-18-6326 hrs. ielda .banka(Wice)Box+291 Dr. sverett C. Sutter (Dames Suarter, Ma.) \* March 23/1966

Surial Mar. 33/1966 Banks Femily Cemetery -Near Armitisma, Mar. Actionar & Company Salissus, MaritanD - Add to Company Salissus S

# FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 wifn the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 parts after death. 0

VR A15ME 5M 1/63

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINED'S CERTIFICATE OF DEALTH. MARYLAND STATE DEPARTMENT OF HEALTH

	(/ 2 ()						
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Resid	lence before edmission)					
Somerset Maryland	1/ 2 2	reat					
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside eorporete limits, write RURAL and give						
	Mania 16	/					
d. NAME OF HOSPITAL OR INSTITUTION (if not in bospital give street address)		l a. IS RESIDENCE					
		ON A FARM?					
		YES NO 3					
OF THE CEASED (Type or print) George R Bedsworth	4. DATE Month D. OF DEATH March 12	19 66					
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8.							
	CAT 1 I I I I I I I I I I I I I I I I I I	Hours Min.					
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR		OF WHAT COUNTRY?					
done during most of working life, even if refired Used car dealer Used Car	Maryland	USA					
Richard Bedsworth	Ida McDaniel						
	NFORMANT Address						
ne unknewn	Mark Bedsworth Menie Mar	yland					
		INTERVAL BETWEEN ONSET AND DEATH					
	arction	minutes					
gave rise to immediate cause							
(e), sterling the underlying							
(6)	T DELATED TO THE TERMINAL DISEASE COMPUTION CIVEN IN BART 1/2	10 1445 417005					
FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	IN KEENTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10	PERFORMED?					
6 besity		YES NO					
PRIMARY   Or CONTRIBUTING   CAUSE OF DEATH.							
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA		(State)					
p.m. 19 at work at work							
21. I certify that I took charge of the remains described above, he	ld an Autopsy . Inspection . Inquiry . ar	nd in my opinion					
death resulted from: Natural causes . Accident . Suici	de . Homicide . Undetermined manner						
6 . 11	CHIEF MEDICAL EXAMINER						
ACTUAL / HONTH ATTER	ASSISTANT MEDICAL EYAMINED	DATE SIGNED					
SIGNATURE	M.D.	-14-66					
EXAMINER'S EVERETT SUTTERMD	Address (Street, city, town, or county)	-14-00					
REMOVAL (Specify)		(State)					
DULTAL MAR 14-196							
Lanon Malsten Paris	1936	A LES					
my sources on	1 MILL TO 1320 1 - 1000 1						
The second secon	b. CITY OR TOWN (if outside corporate limits, write RURAL and give necrest town)  Princess Anne  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  at work on truck  3. NAME OF DECEASED (Type or print)  5. SEX  6. COLOR OR RACE   7. MARRIED NEVER MARRIED   8  White Widowed DIVORCED   100. KIND OF BUSINESS OR INDUSTR done during most of working life, even if refired Used Car dealer  13. FATHER'S NAME  Richard Bedsworth  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyesgive war or dates of service)  16. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]  PART II. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CAUSE of DEATH.  20c. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED CAUSE OF DEATH.  21. I certify that I took charge of the remains described above, he death resulted from: Natural causes Accident SIGNATURE EXAMPLE: Accident SIGNAT	PLACE OF DEATH   S. COUNTY   SOME   S. COUNTY   S. COUNT					

of countries of Manager To 4 9 14 1 1 9 14 15 15 Company of THE RESERVE OF THE PARTY OF THE The state of the s

FOR STATE HEALTH DEPT.

O DEPUTY MEN. EXAMINER: This certificate should be executed within 24 hours after death. If any delay ecessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO DEPUTY MED

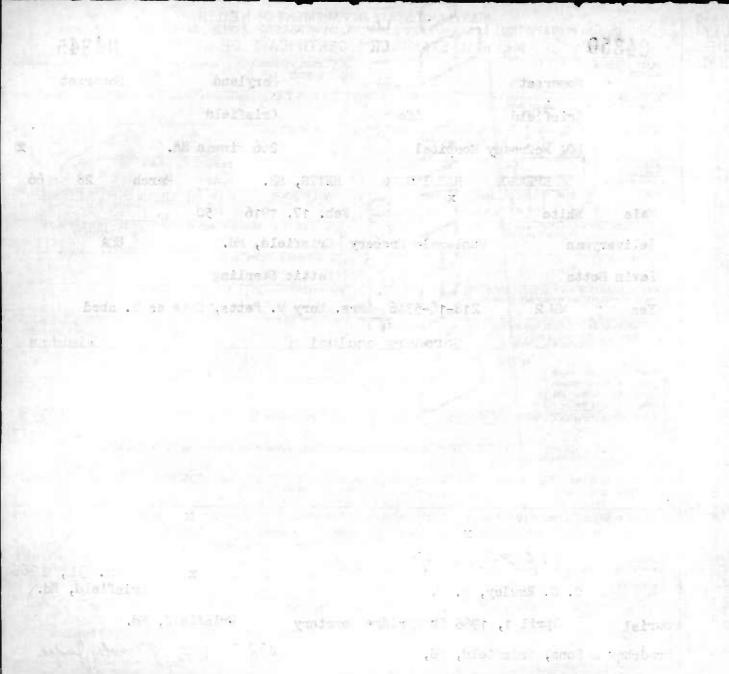
VR AISME (5) 5M 1/65

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 fod 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14350 MEDICAL EXAMINER'S CERTIFICATE OF DEATH ()4345

1	a. COUNTY	Somerset		MARYLANG	a. STATE Me	aryland	b. COUNTY Se	Residence before admission) DMerset		
	b. CITY DR TOW Write RURAL	'N (If outside corpora and give nearest to Crisfiel	te ilmits, vn) 1	c. LENGTH OF STAY IN :		(If outside corpore risfield	ete Ilmits, write RUR	AL and give nearest town)		
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  DOA McCready Hospital				d. STREET ADDRES	d. STREET ADDRESS				
9		DOA McCre	ady Ho	ospital	20	66 Hinman	Rd.	YES NO CO		
3	B. NAME DF DECEASED (Type or print)	EMER:	on Son	Middle HARRINGTON	BETTS, SR.	4. DATE OF DEATH	Month March	0ay Year 28 19 66		
5	i. SEX	6. COLOR OR RACE	7. MARRIE	O NEVER MARRIED	8. OATE OF BIRTH	la	GE (In years IF UNDE est birthday) Months	R 1 YEAR IF UNDER 24 HRS.    Days   Hours   Min.		
	Male	White	WIOOWE		Feb. 17, 19		угз.			
d	oa. USUAL OCCUPAT uring most of work Deliver 13. FATHER'S NAM	E	(b)	kind of Business or Industry olesale Grocer		AIDEN NAME		CITIZEN OF WHAT COUNTRY?		
-		EVER IN U.S. ARMEOF	ORCES? I 1	6. SOCIAL SECURITY NO. 1 1	7. INFORMANT	OOLTING	Address			
		(If yes give war or dates WW 2	of service)		rs. Mary W.	Betts, Se	ame as 2.	abed		
	Conditions, if gave rise to cause (a), s underlying cause	any, which Immediate tating the selest.	(a) TO (b) TD (c)	Coronary oc				Minutes  D) 119. WAS AUTOPSY		
CHANGE	PARTIT. OTHER			BUTING TO OEATH BUT NOT R				YES NO		
AFD T	20a. EXTERNA PRIMARY OF DEAT	L CAUSE WAS CONTRIBUTING [] IH.	20b.	OESCRIBE HOW INJURY O	CCURREO. (Enter nature	of Injury in Part	or Part II of Item 1	8.)		
Notice of the second se	20c. TIME OF Hour a.t		Year 20d. Whl	IS NOT WHIIS N	PLACE OF INJURY (Home actory, street, office bldg.		y or town) (C	ounty) (State)		
	21. I certify death result ACTUAL SIGNATURE		e of the relationships to the relationships the	emains described above,  R, Accident [],	Suicide, Homichief Meon	, Inspection [ lcide, Un cal examiner medical examine dical examiner	determined manne	and in my opinion  22. DATE SIGNED  31, 1966		
2	EXAMINER'S NAME (Type)		vley,			eet, city, town, or		field, Md.		
	3a. BURIAL, CREM REMOVAL (Sp. Burial			23c. NAME OF CEMET	Cemetery	Crisf				
D	24. FUNERAL DIRE	& Sons, Cr	sfield	AOORESS d, Md,	25a.	m m	AR 25b. REGISTRA	R'S SIGNATURE		



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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MEDICAL CERTIFICATION

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VR A15 (4) 15M 4-64

MARYLAND STATE DEI DIVISION OF STATISTICAL RESEARCH AND RECORDS  CERTIFICAT	, 301 W. PRESTON STREET, BALTIMORE 1, MA	ARYLAND
PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if Institution: Re	eldence hefere admission)
a. COUNTY	a. STATE b. COUNTY	sidelice petote admission)
Jomerse   MARYLAND	Md. So	merset
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL a	and give nearest town)
pper Edirmount   Ydivis.	Upper Fairmount	19-1
d. INAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
		YES NO NO
NAME OF First Middle	Last 4. DATE Month	Day Year
(Type or print) Clara Belle	Catlin DEATH March	7 1966
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1	
emale White WIDOWED DIVORCED	Feb. 2, 1874 92 yrs. Months	Days Hours Min.
a. USUAL OCCUPATION (Give kind of work done IDb. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. CIT	TIZEN OF WHAT
Nane None	Unner Fairmount Mel 2	1,5 A
. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
William Revelle	Nancy Marrine	r
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
es, no, or unkown) (If yes give war or dates of service)	& Viala Merodeth Honor Evir	mount my
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	S. HOIGHEL COTTILITIES TOTAL	INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY.		ONSET AND DEATH
IMMEDIATE CAUSE (a) Congestive fa	ilure	6weeks
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		0.100
Conditions if any which \ Arteriesclere		
Conditions, If any, which gave rise to immediate (b) Arteriesclere	tic heart disease	years
Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO		
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  Conditions, if any, which (b)  Arteriesclere  (b)  Arteriesclere  (c)	tic heart disease	years
Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO	tic heart disease	years  19. WAS AUTOPSY PERFORMED?
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  Conditions, if any, which (b) Arteriosclere (b) DUE TO (c) PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONTRIBUTION T	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	years  19. Was Autopsy Performed? Yes No
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  Conditions, if any, which (b) Arteriosclere (b) DUE TO (c) PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONTRIBUTION T	tic heart disease	years  19. Was Autopsy Performed? Yes No
Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEVANT (FITHER, NOTIFY MEDICAL EXAMINER)  202. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	TEC heart disease  ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  URRED. (Enter nature of Injury In Part I or Part II of Item 18.)  CE OF INJURY (Home, farm, 1 20f. (City or town) (Cour	years  19. WAS AUTOPSY PERFORMED? YES NO
Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEVANT (FEITHER, NOTIFY MEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour a.m.  20d. INJURY OCCURRED While Not While To Not While The Contribution of th	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  URRED. (Enter nature of Injury In Part I or Part II of Item 18.)	years  19. WAS AUTOPSY PERFORMED? YES NO
Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEVANT (FEITHER, NOTIFY MEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO DEATH BUT NOT RELEVANT (FEITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCUR. (FITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour a.m.  p.m. 19 While Not While at work To the state of the sta	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  JRRED. (Enter nature of Injury In Part I or Part II of Item 18.)  CE OF INJURY (Home, farm, 120f. (City or town) (Courry, street, office bidg., etc.)	years  19. WAS AUTOPSY PERFORMED? YES NO   11y) (State)
Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEVANT (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED at work 120d. I certify that (I) (this hospital) attended the deceased from 120d. I certify that (I) (this hospital) attended the deceased from 120d. Injury Month at work 120d. Injury Not While At Work 120d. Injury Not	DIRECT DISPLAY (Home, farm, 1979, street, office bidg., etc.)  201. (City or town)  CE 05 INJURY (Home, farm, 2017)  COURT (Home, farm, 1979)	years  19. WAS AUTOPSY PERFORMED? YES NO   inty) (State)
Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEVANT (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED at work 120d. I certify that (I) (this hospital) attended the deceased from 120d. I certify that (I) (this hospital) attended the deceased from 120d. Injury Month at work 120d. Injury Not While At Work 120d. Injury Not	DIRECT DISPLAY (Home, farm, 20f. (City or town) (Courry, street, office bidg., etc.)  1205	years  19. WAS AUTOPSY PERFORMED? YES NO   inty) (State)  that (I) (we) last the date stated above. TE SIGNED
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED OR CONTRIBUTING TO AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour a.m.  p.m.  19  20d. INJURY OCCURRED While at work at work  21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 3-6-6-19, and that 22a. SIGNATURE	DIRECT DISPLAY (Home, farm, 20f. (City or town) (Courry, street, office bidg., etc.)  1205	years  19. WAS AUTOPSY PERFORMED? YES NO   inty) (State)  that (I) (we) last we date stated above.
Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED OR CONTRIBUTING TO AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour a.m.  p.m.  19  21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 3-6-6-19, and that 22a. SIGNATURE	DIRRED. (Enter nature of Injury In Part I or Part II of Item 18.)  CE OF INJURY (Home, farm, 20f. (City or town) (Courry, street, office bidg., etc.)  Aug 1959, 19, to 3-7-66, 19, to death occurred at 10 AM from the causes and on the ATTENDING MED. STAFF	years  19. WAS AUTOPSY PERFORMED? YES NO   nty) (State)  that (I) (we) last the date stated above. TE SIGNED
Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEVANT (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED While at work at work at work 22a. SIGNATURE	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  URRED. (Enter nature of Injury In Part I or Part II of Item 18.)  CE OF INJURY (Home, farm, 20f. (City or town) (Cour ory, street, office bidg., etc.)  AUS 1959, 19 to 3-7-66, 19 to death occurred at 10 AM from the causes and on the causes and on the causes and on the causes and on the cause of th	years  19. WAS AUTOPSY PERFORMED? YES NO   nty) (State)  that (I) (we) last the date stated above. TE SIGNED
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Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEVANT (FEITHER, NOTIFY MEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING TO CROOK CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19   20d. INJURY OCCURRED at work at w	ATTENDING RED. (ATTENDING RED.)	years  19. WAS AUTOPSY PERFORMED? YES NO   nty) (State)  that (I) (we) last the date stated above. TE SIGNED  9-66
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intowned to the Lengtist evidence of the Andrew Services and Control an Column to the column a sunction of the column as successful to the column as successfu  TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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	MARILAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BAL	TIMORE 1. MARYLAND
04352	CERTIFICATE OF DEATH	04347

1.	PLACE OF DEATH a. COUNTY Somerset MARYLAND	2. USUAL RESIDEN a. STATE Ma	CE (Where deceased I	h COUNTY -	cesidence before admiss	lon)
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) (Rural) Marion	c. CITY OR TOWN (I	foutside corporate ) Marion	limits, write RURAL	and give nearest to	wn)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET AOORESS Wesley			e. IS RESIDEN ON A FARM YES NO	/1?
3.	NAME OF First Middle DECEASED (Type or print) ANNA	Last CORBIN	4. DATE OF DEATH	Month Mar.	Day Year 23 1966	=
10a	7. MARKIED   NEVER MARKIED	11. BIRTHPLACE (C	1893 72 County & State, or fore ill, Md.	yrs.   Months   Months	1 YEAR   FUNDER 24   Days   Hours   M	HRS.
	John Purnell		a Johnson	n		
	. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT	01111001	Address	321000	
CY	es, no, or unkown) (If yes give war or dates of service) 213-14-7207	Villiam W.	Martin	Crisfi	eld, Md.	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Cerebral Hem  33/X  DUE TO	norrhage			INTERVAL BETWE	EN
N	Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  (b)  DUE TO  (c)				Lag Was allyon	100
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL				19. WAS AUTOP PERFORMED YES NO	2
	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature o	of Injury In Part I or	Part II of Item 18	.)	
MEDICAL	Hour a.m. While Not While p.m. 19 at work at work	ACE OF INJURY (Home, fory, street, office bldg., o	etc.)		unty) (State	
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on Mar. 3 19 66, and tha	t death occurred at_	$9 \frac{65}{\text{M}}$ , to Ma	causes and on t		last ove.
	220. SIGNATURE (1997 awley . M.	O. PHYS.	MED. ST.	61.0	• 25, 19	66
	22c. PHYSICIAN'S NAME (Type) C. G. Rawley, M. D.	324 Ma	in St.,	Crisfie	ld, Md.	
238	Buria Mar 27,1966 Asbury Cen	netery	Crisf		Md.	
24	Anthony & Ward Crisfield,		R 30 1966	440	S SIGNATURE	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please throw carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depth. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
04356
CERTIFICATE OF DEATH

a. COUNTY Somerset	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give str	Westover 19/
McCready Memorial Hospita	reet address)   d. STREET ADDRESS   e. IS RESIDENCE ON A FARM?
3. NAME OF First Middle Company of Sherwood Middle Company of Sherwood	COX DEATH Mar. 211
5. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MA	IRRIED   8. DATE OF BIRTH   9. ACE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS
Mala Mala Ta	ORCED AUG.12,1893 72 Vrs. Months Days Hours Min.
1Da. USUAL DCCUPATION (GIVE kind of work done during most of working life, even if retired)  10b. KIND OF BUSINES INDUSTRY	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
LAMBERT COX	BELLE PEARSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURI	TYNO.   17. INFORMANT Address
YES (If yes give war or dates of service)	MRS SHERWOOD COX WESTOVER, MD.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), a PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	and (c).]  INTERVAL BETWEEN ONSET AND DEATH YEARS
5277 DUE TO	
Conditions, If any, which (b)	
gave rise to immediate ( cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH  20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	BUT NDT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES ND
	INJURY DCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)
20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRE Hour a.m. While at work at work	ED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bidg., etc.)
21. I certify that (I) (this hospital) attended the decease saw the deceased alive on Mar • 24 19	ed from max 24, 1966, to max 24, 1966, that (1) (we) last 2, and that death occurred at 2; M, from the causes and on the date stated above.
22a. SIGNATURE  O. W. Rawley  22c. PHYSICIAN'S	ATTENDING MED. STAFF M.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type)  C. G. Rawley. M.	D. Crisfield, Maryland
	OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)
24. FUNERAL DIRECTOR ADDRES	
LEVIN R. WILSON PRINCESS AN	INE, MD. MAR 28 1966 Icharles Judge

VR AI5 (4) 20M 1/65

p 1 a 4 G. Britan - NO SASS SATER OF THE SAME AND SAME AN or a larger of the controlle and Bundary, classes, cla THE RESIDENCE OF ANDREWS OF THE PROPERTY OF TH CAVER R. WILDOW PRINCES .. THE .. .. .. MAR 2 3 1965 Miles A. J. J.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

	0,700										
	ACE DF DEATH COUNTY	Somerset	MARYL	AND	2. USUAL RES		(Where decease	d lived, If Instit b. COUNTY			on)
b.	CITY OR TOWN (I	f outside corporate limit			c. CITY OR TO	WN (If ou	itside corpora	te limits, write	RURAL and gl	ve nearest tow	n)
	Write RURAL and	give nearest town)	Life			a 1	0. 7 7		1	0 1	
d	Crisfi		ot in hospital, give street add	dence	d. STREET ADD		sfield			. IS RESIDEN	CE
	_		of ill moshital, give street add	uress)	G. STREET ADL	JK ESS				ON A FARM	?
		Memorial	Hospital		N. Som	erse	t Ave	nue (24	,O)	YES ND	K
DE	ME DF CEASED (pe or print)	First Verlic	Middle	I	augher		4. DATE DF DEATH	Mar.	26	19 66	)
5. SE	X 6.	COLOR OR RACE 7. MA	RRIED NEVER MARRIED	8	DATE OF BIR	TH	9. AG	E (In years IF	UNDER 1 YEAR		
V	ale W	nite	OOWED DIVORCED		ov. 25.	1897	68	st birthday) M	onths Days	Hours   Mi	n.
10a. US	SUAL OCCUPATION	(Give kind of work done i	10b. KIND OF BUSINESS OR		11. BIRTHPLA			yrs.   oreign country)	12. CITIZEN	OF WHAT	_
during	most of working	life, even If retired)	INDUSTRY						COUNTRY		
	ore Mana	ger	Grocery		Wachapi				USA		
					14. MOTHER'S						
	evell Dau				Pauline	e Mil	.es				
15. W.	AS DECEASED EVER	RINU.S. ARMED FORCES? yes give war or dates of service	16. SOCIAL SECURITY NO.	17.	INFORMANT			Address			
Ye	es C	oast Guard	216-05-3758	Mrs	. Irene	R. D	aughert	y. Same	as 2.	abcd	
18	. CAUSE DF DEA	TH [Enter only one cause	e per line for (a), (b), and (c).							RVAL BETWEE	N
		WAS CAUSED BY:	1 + m		1.1	2	1. 1		ONS	ET AND DEATH	ri
	./ 0 . 16	MMEDIATE CAUSE (a)	reule 101 y	Tra	adsal_	1 m	arch	m		4	-
	4001	DUE TO	1	7		/			1 m	non	22
	enditions, If any, ave rise to Imr		bronary !	ms	uffre	incy			8	years	_
	ouse (a), statin	DUE TO			//				0		
ur	nderlying cause la					/					
CERTIFICATION	ART II. OTHER SIGN	IFICANT CONDITIONS CON	NTRIBUTING TO DEATH BUT NO	TRELAT	ED TO THE TERM	IINAL DIS	EASE CONDITI	ON GIVEN IN PA	RT 1(a) 19.	WAS AUTOPS PERFORMED? S NO	?
1 20	a. ACCIDENT WAS	UNDERLYING []   2	20b. DESCRIBE HOW INJURY	OCCUP	RED. (Enter nat	ture of in	lury in Part I	or Part II of i	tem 18.)		-
监 양	R CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)									
			20d. INJURY OCCURRED   20	n DI AC	E OF INJURY (He	ome form	.   2Df. (CIty	or town)	(County)	(State)	_
MEDICAL	Hour a.m.		While Not While	factor	y, street, office b	ldg., etc.	)	of town)	(County)	(State)	
M	p.m.		at work at work								
	21. I certify th	nat (I) (this hospital) a	attended the deceased fro	m h	1ay	19_	57 to m	ranch 26	19.66, th	at (I) (we) la	ast
	saw the deceas				death occurre	dat 4	* MOfrom	he causes an	d on the dat	e stated abo	ve.
22	2a. SIGNATURE							12	22b. DATE SI		
	0)	n B-		M.D.	ATTENDING PHYS.	ME	D. RECTOR	STAFF PHYS.	3/29/	66	
22	c. PHYSICIAN'S	1. 12200		M.U.	22d. ADDRI		CECTOR [_]	PHIS.	12/	0	_
	NAME (Type)	A. N. Bar	r, M.D.				ield.	Maryla	nd		
-		0		ieren'	_					(Ohol-)	_
	BURIAL, CREMATI REMOVAL (Specify	)						ION (City, town		(State)	
Bur	rial	Mar. 29, 1	966 Asbury Cem	eter				leld, Mo			
24. F	UNERAL DIRECTO	R	ADDRESS		258		9	R 25b. REG	- m - 4000	and a contract	
Bre	& weshe	Sons, Crisfi	eld. Md.		201	APR	1 100	a role	anles &	usas	

VR AI5 (4) 20M 1/65

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. Tage 4 may be retained by the inspired of according to the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove occording pages. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14355
CERTIFICATE OF DEATH

	0.20				() - 211111
1.	PLACE OF DEATH a. COUNTY Somerset	MARYLANO		Where deceased lived, If institution in the country b. Country	somerse t
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If out	side corporate limits, write Ri	JRAL and give nearest town)
	Crisfield	1 Day	Cri si	field, Md.	10 1
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital or in hospi		d. STREET ADDRESS	22024, 1144	e. IS RESIDENCE
	McCready Memorial Hos				ON A FARM?
	McCready Memorial nos	brogr	R.F.D.	•	YES ND X
3.	NAME OF First DECEASED	Middle	Last 4.	DATE Month	Oay Year
	(Type or print) Harley		Evans	DEATH Mar.	29 19 66
5.	SEX   6. COLOR OR RACE   7. MARRIEO	NEVER MARRIEO 18	B. DATE OF BIRTH		IOER 1 YEAR IF UNDER 24 HRS.
3	le Negro WIDOWEO L	DIVORCED	9/11/1885	last birthday) Mon	ths Days Hours Min.
LOa		D OF BUSINESS OR	1 11. BIRT MPLACE (County	y & State, or foreign country)   1	2. CITIZEN OF WHAT
lur	ing most of working life, even if retired) IND	USTRY	0 -	11 m	COUNTRY?
13.	FATHER'S NAME	EATOOD	Uristie	14 1114	0,0,
13.	PATHER'S NAME		14. MOTHER'S MAIOEN	NAME D	
	John ENAMS		COMPELIA	Broughlor	1
15	. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SO	CIAL SECURITY NO.   17.	INFORMANT	Address	1 10
	112	1	MARU Laul	Lourne Phi	la Pa
1	18. CAUSE OF DEATH [Enter only one cause per line	for (a), (b), and (c), ]	ring Love	DUUT III I III	I INTERVAL BETWEEN
П	PART I. DEATH WAS CAUSED BY:	A 0 11	1		ONSET AND DEATH
	IMMEDIATE CAUSE (a)	aloral Item	merchan	L-	24 hour
	33/Y DUE TO		,		
	Cenditions, If any, which (b)				
	gave rise to Immediate ( cause (a), stating the DUE TO				
	underlying cause last. (c)				
5	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	NG TO OEATH BUT NOT RELA	TED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART	1(a)   19. WAS AUTOPSY
Y.					PERFORMED?
=	20a. ACCIDENT WAS UNDERLYING 20b. DES	COLDE HOW INTERV OCCIL	PREO /Enter nature of Inli	ury in Part I or Part II of Item	
CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCU	RREO. (Enter hature of inj	ury in Part 1 or Part 11 or iten	110./
CAL	20c. TIME OF INJURY Month, Day, Year   20d. INJU	URY OCCURREO   20e. PLAC	E OF INJURY (Home, farm,	20f. (City or town)	(County) (State)
2	Hour a.m. While	- MOL MILLIE	y, street, office bldg., etc.)		
E	p.m. 19 at work	at work			
	21. I certify that (I) (this hospital) attended			6, toparel 29, 1	
	saw the deceased alive on 3/29/66	19, and that	death occurred at 6A	_M, from the causes and	
	22a. SIGNATURE		ATTENOING MEO		. DATE SIGNED
	Sanal M. F.	M.O.	PHYS. DIRE	ECTOR PHYS.	3 29 66
	22c. PHYSICIAN'S NAME (Type)	26 5	22d. ADORESS	2 2 3/ 2	
	NAME (Type) S. M. Peyton	,M.D.	Crisii	eld, Marylan	d
3a		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town o	r county) (State)
	BOMOVAL (Specify)	Hone	15-11	HONEINELL	MAS
24	SUNERAL DIRECTOR	ADDRESS	25a. REC'O	BY REGISTRAR   25b. REGIST	RAR'S SIGNATURE
C	KI S 10 1.	P: 10 11	100 0	1000 Miles	
-	THE ALL CANDILL	MI A VOX 1 / W	//// DATER 6	TULL TULL	FA TI. A.A

VR A15 (4) 20M 1/65

02 384/11/B LAborer Suntead Cristiald All 6.50 Cornelin broughten John Eurins Mary Lulbourne - Pinla Per The state of the state of the state of the state of 1 deadh.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending buys than and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deafth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

しばむり	O .	CERTIFI	CALE UF D	EATH			1143:	111
PLACE DF DEAT     a. COUNTY	Somerse		a. STAT	RESIDENCE (W	here deceased	l lived, If institu b. COUNTY		e before admission
b. CITY OR TOW	VN (if outside corporate lin	MARYI nits,   c. LENGTH OF STAY		TOWN (If outsi	de corporat	te limits, write	RURAL and gi	ve nearest town)
GIT	2.LF.6 Ledest town)	20 Day	s	Ewell			19	1-1
d. NAME OF HO	SPITAL OR INSTITUTION (if	not in hospital, give street ac	d. STREET					e. IS RESIDENCE
McCre	ady Memoria	l Hospitsl						ON A FARM? YES NO NO
3. NAME DF DECEASED	First Harr	Middle	Last		DATE DF	Month	Day	Year
(Type or print) 5. SEX		W •	Eva		DEATH	Mar.	23	1966
Male		ARRIED NEVER MARRIED			9. AGI	t birthday) Mo	JNDER 1 YEAR onths   Days	Hours   Min.
2000		IDOWED DIVORCED 1 10b. KIND OF BUSINESS OR		LACE (County &	C State or fo	yrs.	12. CITIZEN	OF WHAT
during most of work Waterman	king life, even If retired)	INDUSTRY Seafood		Island.		reign country)	COUNTRY	
13. FATHER'S NAM	ME .			R'S MAIDEN NA		1	4000	
	Andrew	F. Evans	Mary	Evans				
15. WAS DECEASED	EVER IN U.S. ARMED FORCES	?   16. SOCIAL SECURITY NO.				Address		
No No	(If yes give war or dates of servi	ce)	Mrs. Mara	nda R. I	Evans.	Same a	s 2. at	oc.
18. CAUSE DF	DEATH [Enter only one cau	se per line for (a), (b), and (c)			,			RVAL BETWEEN
	EATH WAS CAUSED BY:	V. 1	1	iseax			ONS	ET AND DEATH
200.	IMMEDIATE CAUSE (a)_	1 wivery	UNS /4	voe ak	2			Rever -
Cenditions, If	DUE TO							
gave rise to								
cause (a), s	tating the DUE TO							
underlying caus								
PART II. OTHER	SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT N	OTRELATED TO THE TE	RMINAL DISEAS	SECONDITIO	ON GIVEN IN PAR		WAS AUTOPSY PERFORMED?
PART II. OTHERS  20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING [] ING [] CAUSE OF DEATH TIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJUR	Y OCCURRED. (Enter	nature of Injur	y In Part 1	or Part II of ite	em 18.)	
1	INJURY Month, Day, Year		Oe. PLACE OF INJURY factory, street, offic	(Home, farm,	20f. (City	or town)	(County)	(State)
p.i		While Not While at work	10010177 011 001, 01110	0 0 1 0 1 0 1 0 1				
21. I certif			om_*?naz 2	0 , 1966	to	mar 23,	19-6., th	at (I) (we) last
	ceased alive on Man	23, 1966, al	nd that death occur	red at 0; 5	M, from t	he causes and	on the dat	e stated above.
22a. SIGNATU	all Ra	wlon	M.D. PHYS.	MED.		STAFF 22	2b. DATE SIG	GNED
22c. PHYSICIA	AN'S		22d. ADI		TOK L. I	1113.		
NAME (T	C. G. Ra	wley, M. D.	Cr	isfield.	Md.			
Burial, CREM Burial (Sp		23c. NAME OF CE	METERY OR CREMATO		d. LOCATI	ON (City, town	or county)	(State)
24. FUNERAL DIRE		ADDRESS				R   25b. REGIS	STRAR'S SIGN	ATURE
	& Sons, Crisf:			AKD 7		10000	ma t	
DIGIDINGM	or nome of The	LCIUs Pius		DATE ALL	K TUL	w www	anda VI	11 4 4 5

VR AI5 (4) 20M 1/65

8381 . 75 . 350 emova yrox one incention to the second of the state of the s O. O. Pawley, M. M. M. Chieffeld, Ed. Berial " March 25, 1966 Each | athedistribendery Gold, 1d. Bredgiaw & Sons, Cristiald, Washing 

#### FOR STATE HEALTH DEPT.

TO DEPUTY MEI EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please executs are certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to are funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be director. Page 4 should retained for your files.

VR AISME (5) 5M 1/65

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 within State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1 4 3 5 1

	1435	171	EDICAL	EXAMINER 3	CERTIFICA	HE UF D	EATH		U	200	) 1
1.	PLACE OF DEAT	Н			2. USUAL RESID	ENCE (Where dec	eased lived, If Ins	stitution; Res	Idence I	pefore ad	mission
		Somerset		MARYLAND	a. STATE	Marylan	d b. cour	S S	ome	rse	t
	b. CITY OR TOW	N (If outside corporat and give nearest tow	e limits,	c. LENGTH OF STAY IN 15	c. CITY OR TOWN	(If outside corp	orate limits, wr	Ite RURAL e	nd give	neeres	st town
	WITH ROUNE	Crisfield	11)	Lifetime		Crisfie	ld		19	1	
	d. NAME OF HO	SPITAL OR INSTITUTIO	N (if not in ho	ospital, give street eddress)	d. STREET ADDRI	ESS			e.	IS RES	IDENCE
		dy Memo.	Hospit	al		337 Loc	ust St	•	Y	ON A F	NO X
3.	NAME OF DECEASED		st	Middle	Lest	4. DATE	Monti	_	Day	Yea	
	(Type or print)	BEN.	JAMIN	S.	GALE	DEATH	Mar	ch	17	19	66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years	IF UNDER 1			
	Male	Negro	WIDOWED	DIVORCED	Aug. 10,	1924 4	last birthday)	Months	ays	Hours	Min.
108	. USUAL OCCUPAT	ION (Give kind of work of	one 10b. Ki	ND OF BUSINESS OR	11. BIRTHPLAC	E (State or foreig	gn country)	12. CIT	IZEN O	F WHAT	
uuı	Labore	ing life, even if retired	1) 19	ipustry Seafood	Mar	yland		US	INTRY?		
13.	FATHER'S NAM				14. MOTHER'S M	-					
	Clasamo	0.10				Dennis					
15	Sherma	EVER IN U.S. ARMED FOI	PCES?   16 9	SOCIAL SECURITYNO.   17.	INFORMANT	Delitti	Addre				
(Ye	s, no, or unkown)	(If yes give war or dates of	service)		***************************************	0-2-				h .	. 4
_	Yes	WW II-19	-	9-14-3702	Linwood	Gale	Same	as 2	. d.,	b,c	, u
				ne for (a), (b), and (c).]			Y 1		INTER	VAL BE	TWEEN
	PART I. DE	EATH WAS CAUSED BY: IMMEDIATE CAUSE	(e) Cer	rebral hemor	rhage, 1	eft.			1	LAND I	cs
	331X	DUE '	то								
	Conditions, If		(b)								
	geve rise to cause (e), s		TO								
	underlying caus	toting the	(c)								
N				TING TO DEATH BUT NOT REL	ATED TO THE TERMIN	AL DISEASE COND	ITION GIVEN IN	PART 1(a)		WAS AU	
ATI	1000								YES	ERFOR	MED?
FIG	20a FYTERNAL	L CAUSE WAS	1 20b. D	ESCRIBE HOW INJURY OCC	IPPED /Enter nutur	e of Injury In Par	rt I or Part II o	f Item 18)	1 1 1 2		NO [
MEDICAL CERTIFICATION	PRIMARY OF DEAT	CONTRIBUTING [	200.	ESORIBE HOW INSORT COOK	DIRECT (Enter Matur	o or majory me ro	it i oi i ait ii o	1 110111 20.)			
AL C		INJURY Month, Day, Y	rear I 20d. IN	JURY OCCURRED   20e. PLA	CE OF INJURY (Home	e.farm.  20f. (	City or town)	(Coun	tv)	15	State)
000	Hour e.r	n.	While	Not While facto	ory, street, office bldg	g., etc.)		(000	-37	,,,	
ME	p.r		at work				-				
	21. I certify	y that I took charge	of the rema	ains described above, he	ld an Autopsy 🔀	, Inspection	X, Inqu	iry 🔲,	and	n my	opinio
	death result	ed from: Natural	causes X	, Accident , Su	icide 🔲, Hom	nlcide,	Undetermined	manner			
714		1001	2	1	CHIEF MED	ICAL EXAMINER					
	ACTUAL SIGNATURE	0/19	au	Ken	M.D. ASSISTANT	MEDICAL EXAMI	NER	2		DATE S	SIGNED
12	EXAMINER'S			(	DEPUTY ME	DICAL EXAMINER			19/		4.7
	NAME (Type)	C. G.	Rawle	ey, M. D.	Address (St	reet, city, town,	or county)	risfi	eTc	1, 1	Md.
23a	. BURIAL, CREM	ATION, 23b. DATE T	HEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. L00	CATION (City, to	wn or coun	ty)		ate)
	Burial	3/20/	66	Wesley Ceme	etery		ion	Som.		Mc	1.
24	FUNERAL DIRE	CTOR	las	ADDRESS		REC'D BY REGIS					
	Anthony	E. Ward		Crisfield,	Md. DATE	AR 23 19	366 gc	liarle	, Ju	dge	

Intilian profit wastering to the same of the book that the same of t 

## FOR STATE HEALTH DEPT.

O DEPUTY MET EXAMINER: This certificate should be executed within 24 hours after death. If any delay please executed are certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. TO DEPUTY MEN

> VR AISME (5) 5M 1/65

	MARYLAND STATE DEPARTMENT OF	FHEALTH
Di	sion of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTO	N STREET, BALTIMORE 1, MARYLAND
043	8 MEDICAL EXAMINER'S CERTIFICAT	E OF DEATH 04359

1. PLACE OF DEATH a. COUNTY SOMERSET MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STAIE b. COUNTY MARYLAND SOMERSET
b. CITY OR TOWN (If outside corporate limits, write RUA COLE and an areas fown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)  PRINCESS ANNE  /9 -/
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress)	d. STREET ADDRESS PR. WILLIAM ST.  e. IS RESIDENCE ON A FARM? YES \( \sum \) NOT
(1) pr - 1	LAST 4. DATE Month Day Yeer OF MARCH 9 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS
10 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY RETIRED VICE PRESIDENT PLATE GLAS  13. FATHER'S NAME	11. BIRTHPLACE (State or foreign country)  S CO. DRESDEN, N.Y.  14. MOTHER'S MAIDEN NAME
REV. GUY BRYAN GALLIHER	SALLIE KULTER
(Yes, no, or unkown) (If yes give war or dates of service)	Address  FRANCES GALLIHER PR.ANNE, MD.
18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO  Conditions, If eny, which gave rise to immediate cause (a), stating the underlying cause last.  (c)	arction Interval Between onser and Death 3 hours
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTION	PERFORMED? YES \( \sum \) NO \( \begin{array}{cccc} \text{PERFORMED?} \\ \text{YES} \( \sum \) NO \( \begin{array}{cccc} \text{PERFORMED?} \\ \text{YES} \( \sum \) NO \( \begin{array}{cccc} \text{PERFORMED?} \\ \text{YES} \( \sum \) NO \( \begin{array}{cccc} \text{PERFORMED?} \\ \text{YES} \( \sum \) NO \( \begin{array}{cccc} \text{PERFORMED?} \\ \text{YES} \( \sum \) NO \( \begin{array}{cccc} \text{PERFORMED?} \\ \text{YES} \( \sum \) NO \( \begin{array}{cccc} \text{PERFORMED?} \\ \text{YES} \( \sum \) NO \( \begin{array}{cccc} \text{PERFORMED?} \\ \text{YES} \( \sum \) NO \( \begin{array}{cccc} \text{PERFORMED?} \\ \text{YES} \( \sum \) NO \( \begin{array}{cccc} \text{PERFORMED?} \\ \text{YES} \\ YE
20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA   facto   20e. P	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)  ry, street, office bidg., etc.)
21. I certify that I took charge of the remains described above, hel	icide, Homicide, Undetermined manner CHIEF MEDICAL EXAMINER
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERS	OR CREMATORY 23d. LOCATION (City, town or county) (State)  CEMETERY PRINCESS ANNE, MD.
24. FUNERAL DIRECTOR ADDRESS  EEVIN R. WILSON PRINCESS ANNE, M	MD. DANAR 15 1966 Charles Judge

ST SEAL OF YEAR the perfect not the relative and

And I have a second of the sec Barren wert for

March of the following water to be with

CAXI SEE SEESENS

FOR STA HEALTH DEPT.

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O DEPUTY MEE EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO DEPUTY ME

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VR AISME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINED'S CERTIFICATE OF DEATH

14353

UEOUS ENTITE EXTENSE	OBINITIONIE OF BENTIN	0 -000
1. PLACE OF DEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: R	esidence before admission)
Somerset MARYLAND	a. STATE Maryland b. COUNTY So	omerset
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
Crisfield Lifetime	Crisfield	19_1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE
	302 Maryland Avenue	ON A FARM?
3. NAME OF First Middle	Last   4. DATE   Month	VES NO X
DECEASED	OF	18 1966
	8 DATE OF RIPTH 19 AGE (In years LIFTINDER	
	10077 30 1000 65	Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR	11 BIDTHDIACE (Chate or foreign country) 12 CI	TIZEN OF WHAT
during most of working life, even if retired)  Laborer  Seafood	Maryland	USA
13. FATHER'S NAME	14. MÖTHER'S MAIDEN NAME	0011
	Ida Jones	
George S. Handy  15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address	
(Yes, no, or unkown) (If yes give war or dates of service)		
	lzie Wright	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ] PART I. DEATH WAS CAUSED BY:	1	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (e) OCTOBEL HORD	rrnage	minutes
33/4 DUE TO		
Conditions, if eny, which geve rise to immediate (b)		
cause (a), steting the DUE TO		
underlying cause last. (c)	TER TO THE TERMINAL RIGHARD COMPLETION OF THE PART 1/A)	ISO WAS AUTODOV
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIB	JRRED. (Enter nature of injury in Part I or Part II of Item 18.	)
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm,   2Df. (City or town) (Cou	nty) (State)
While Mot While	ory, street, office bldg., etc.)	
p.m. 19   at work   at work      21.   certify that   took charge of the remains described above, he	Id an Autopsy , Inspection , Inquiry ,	and in my ppinion
		מווט ווו וווץ טטווווטוו
death resulted from: Natural causes 🗶, Accident 📋, Sul	icide, Homicide, Undetermined manner	
ACTUAL OF THE COUNTRY	ACCIONAL MEDICAL EVALUATED	22. DATE SIGNED
SIGNATURE CLUCKET	M.D. ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER	3/19/66
EXAMINER'S C. G. Rawley, M. D.		sfield. Md
23a. BURIAL, CREMATION, 23b. DAJE THEREOF   23c. NAME OF CEMETERY	mento (on our right town) of outling,	
BEMOVAL (Spicety) /3/24/660 UShur	-u Cristield	Mil.
24. FUNERAL PIRECTOR COLD ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	
Anthony E. Ward Crisfield	, Md. DAMAR 24 1966 Icharle	y Judge

genol abs combraced Perderet Lation Per te the same of the sa AND THE STATE OF T

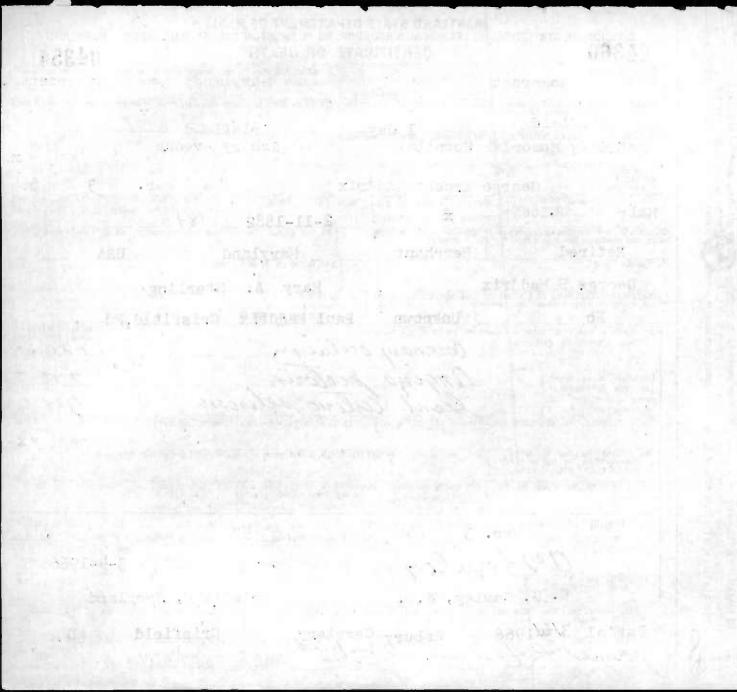
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then prease remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR AIS (4) 20M 1/65

	RYLAND STATE DEPARTMENT OF HEA	
DIVISION OF STATISTICAL RESI	EARCH AND RECORDS, 301 W. PRESTON STR	REET, BALTIMORE 1, MARYLAND
4360	CERTIFICATE OF DEATH	0425

<u> </u>	J	CERTIFICA	TE OF DEAT	H	04354
PLACE OF OEAT     a. COUNTY	Somerset	MARYLANG	a. STATE M	NCE (Where deceased lived, If institut aryland b. COUNTY	somerset
Cri	N (if outside corporate limits and give nearest town) Sfield	7 7		If outside corporate limits, write R	URAL and give nearest town)
McCres	spital or institution (if no a dy Memorial	t in hospital, give street address Hospital		bury Avenue	e. IS RESIDENCE ON A FARM? YES NO ST
3. NAME OF DECEASEO (Type or print)		Middle Ernest Maddr	Last	4. OATE Month OF Mar.	Day Year 3 19 66
5. SEX Male		RIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH <b>2-11-188</b>	last birthday) Mon	NDED 1 VEAD HE HINDER 24 HDS
during most of work	FION (Cive kind of work done   1 ling life, even if retired)	Ob. KINO OF BUSINESS OR INDUSTRY  Merchant	11. BIRTHPLACE (	County & State, or foreign country)	COUNTRY?
13. FATHER'S NAM		Merchant	14. MOTHER'S MAI		USA
15. WAS DECEASED	ge B Maddrix EVER IN U.S. ARMED FORCES? [(If yes give war or dates of service)	16. SOCIAL SECURITYNO.   1	Mary A	Sterling Address	
N	0		Paul Maddr	ix Crisfield.	Md
	DEATH [Enter only one cause EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	per line for (a), (b), and (c).]	celusion		ONSET AND DEATH
Cenditions, If gave rise to		angina p	recloris		yrs -
cause (a), s underlying caus	tating the OUE TO	Gent au	lerio sel		yrs.
ICAT		TRIBUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO TO
	WAS UNDERLYING   20 ING   CAUSE OF DEATH TIFY MEDICAL EXAMINER)	Ob. DESCRIBE HOW INJURY OF	CCURREO. (Enter nature o	of Injury In Part I or Part II of Ite	m 18.)
20c. TIME OF Hour a.r	n.	Od. INJURY OCCURRED 20e. F Vhile Not While fa	PLACE OF INJURY (Home, 1 ctory, street, office bldg.,	farm, 20f. (City or town)	(County) (State)
	y that (I) (this hospital) at	tended the deceased from_	hat death occurred at		.9, that (I) (we) last on the date stated above.
22a. SICNATUI			M.O. PHYS.	MÉO. OIRECTOR PHYS.	
22c. PHYSICIA NAME (T)		ev. M.D.	22d. ADDRESS	risfield, Maryl	land
	ATION, 23b. DATE THEREOF	23c. NAME OF CEMETI		23d. LOCATION (City, town o	
24. FONERAL DIRE	TOR 3/6/1966	A Saburasy Co	metery 25a. RE	C'D BY REGISTRAR 25B. REGIST	TRAR'S SIGNATURE
fan	& Hym	mon 52	OMAF	28. 1956 Acha	ela Viela



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate—be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAN
1.264	CERTIFICATE OF DEATH	1143

0436	N OF STATISTI	CAL RES	SEARCH AND RECORD CERTIFICAT	S, 301 W. PREST		BALTIMORE	1, MARYL	356
PLACE DF DEAT     a. COUNTY	Somerse		MARYLAND	a. STATE Ma	NCE (Where deceased	b. COUNTY	Somer	set
write RURAL	N (if outside corpora and give nearest tov	te limits, vn)	c. LENGTH OF STAY IN 1b		If outside corporat	e Ilmits, write	RURAL and glv	re nearest town)
d. NAME OF HO	Crisfield SPITAL OR INSTITUTION	DN (if not I	n hospital, give street address	III.			1 6	. IS RESIDENCE
Edw. W.	McCready Me	moria	l Hospital	10	2 Cove St	reet	1	ON A FARM?
3. NAME DF DECEASED (Type or print)	Edwa	irst ard	Middle W.	Sterling Sterling	4. DATE OF DEATH	Month March	Day 21	Year 19 66
5. SEX Male	6. COLOR OR RACE White	7. MARRI WIDOW	ED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	9. AGI		UNDER 1 YEAR Onths Days	Hours Min.
10a. USUAL OCCUPAT during most of work Repairms	TION (Give kind of work ling life, even if retire	done 1Db	KIND OF BUSINESS OR INDUSTRY	11. BIRT HPLACE (	County & State, or fo	reign country)	12. CITIZEN COUNTRY	OF WHAT
13. FATHER'S NAM				14. MOTHER'S MA				
Severn	Seth Ster		16. SOCIAL SECURITY NO.   17.	Annie Tra	der	Address		
(Yes, no, or unkown)	(If yes give war or dates of	of service)		s. Noland S	terling		eld, Ma	mrland
Conditions, If gave rise to cause (a), s underlying cause	immediate tating the se last.	(a)	Cerebral TU Stend arler IBUTING TO DEATH BUT NOT REI	io scleros		IN GIVEN IN PAR		ET AND DEATH 19 Cays  WAS AUTOPSY PERFORMED?
PART II. OTHERS 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING TING CAUSE OF DEA	TH NER)	DESCRIBE HOW INJURY OCC	URRED. (Enter nature	of Injury in Part I	or Part II of It	YE:	
2Dc. TIME OF Hour a.s		Year   20d Wh at w	ile - Not While - fact	ACE OF INJURY (Home, ory, street, office bldg.,	farm, 2Df. (City etc.)	or town)	(County)	(State)
	ceased alive on		20		0:35M,RMm tl	he causes and		NED
22c. PHYSICIA NAME (T	(any	Rawley	, M.D.	22d. ADDRESS	field, Ma			
23a. BURIAL, CREA Burial (Sp	Mar. 2		23c. NAME OF CEMETER Sunnyridge C	emetery	Crisfi	ON (City, town Leld, Mo	1.	(State)
24. FUNERAL DIRI	ECTOR & Sons, Cri	sfiel	ADDRESS d, Md.	25a. R	ec'd by registral R 28 1966		strar's sign	dge.

VR AI5 (4) 20M 1/65

	Charles in Assertion and Assertion of Control		r R a	
dente de	bnachtail		20020000	
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	dearest avoc so.	intheon fat	. McGreedy Mono	d the
21 16	double surfrigito		y mar.	
	Jan. 1. 1697 79		01149	
	boalcisk - Vestamol -	ami lelet II	17	in 3
	unberg alanh			rayq3
3/22/5				
3/22/5	MK -CL-DK			

23b.

COMPANY

BURIAL, CREMATION, REMOVAL (Specify)
Burial

FUNERAL DIRECTOR

DATE THEREOF

966

Allen

ADDRESS

SALISBURY MARYLAND

NAME OF CEMETERY OR CREMATORY

Cemetery

e. IS RESIDENCE ON A FARM?

Year

20th 1966

Hours

INTERVAL BETWEEN ONSET AND DEATH Minutes

WAS AUTOPSY

(State)

PERFORMED? NO X

Me

and In my opinion

22. DATE SIGNED

66

(State)

YES

23d. LOCATION (City, town or county)

25b.

en

1966

REC'D BY REGISTRAR

Marvland

REGISTRAR'S SIGNATURE

NO [

9 ALSME 1/65

of

8.0.# 2 NORRIS TAYLOR MARCH 20th 166 x Aug.5/1924 11 7 15	Jeeremod Domos Charter Conie dey
B.D.# 2  NORRIS TAYLOS NAROH 20th 66  x Aug.5/1924 Al 7 15	Conte dey
MORRIS TAYLOR MARCH 20th 166	I,IIIW
x Aug.5/1924 11 7 15	
	Vole Inite
None Sden, Maryland U.S.A.	Truck Driver
or Frances Harrington	illiem Paul Taylo
r. vm. Paul Taylor(Fether)R.O. 2 San,	YES W.W.FII
and the state of t	
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X X	STORY OF THE STORY
The state of the s	CHENCE
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1966 Allen Semetery Allen, Moryland	/SS, or St. [0, cg;15

FOR STAT HEALTH DEP TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5, may be retained for your files.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

of A Sept	0 20 40		AVE EVENINEE	o centilites	TIL OI DI			1132	28
.	. COUNTY	Somerset		2. USUAL RESIDER	NCE (Where deceese	b. COUNTY	1 _	nce before	
-	h CITY OF TOWN	(if outside corporete limits,	MARYLAND			It tata P	Somers		-1
	Write RURAL er	nd give neerest town) Crisfield	<b>~</b> 0		(If outside corporate sfield	ilmits, write h	CUKAL end give	neerest tov	vn)
-	d. NAME OF HOSE	PITAL OR INSTITUTION (if not i	1 2 0 0 0 0 0 0	d. STREET ADDRESS				1 15 0	FEIDENIEF
									ESIDENCE A FARM?
/  =			dy Hospital	RFD				YES	NO V
ı,	3. NAME OF DECEASED (Type or print)	First WEBSTER	WASHINGTON	WHITE	4. DATE OF DEATH	March	28,	Yea 19	66
	5. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH			FUNDER 1 YEAR	IF UNDER	24 HRS.
	Male	7.77.4.4.4		farch 4, 188	2 84 last	yrs.	Months Deys	Hours	Min.
		ATION (Give kind of work   1	Ob. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stet	e or foreign country)		12. CITIZEN	OF WHAT	COUNTRY
П	Garden		Landscaping	Parksley,	Virginia		USA		
1	13. FATHER'S NAME			14. MOTHER'S MAIDEN	40				
Т	Unknow	n		Unknown					
1	15. WAS DECEASED E	VER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.			Address			
=	(Yes, no, or unkown)	(If yes give we ror detes of service) None	None Pre	ston I. Whi	te, Rt. B		Accomac	, Va.	
		DEATH [Enter only one cause TH WAS CAUSED BY:		no nicht	700 213	th to	0	TERVAL BE	
1	Eld 4 DUE TO femoral vessels with resultant								
1					altant				
1	Conditions, if en		xsanguination.						
	(e), steting the	OF THE PA							
	eause lest.	) (c)							
100	PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN		PERFC	NO A
	20m. EXTERNAL C		DESCRIBE HOW INJURY OCCURRED.	(Enter neture of injury in	Pert I or Pert II of ite	m 18.)			
		1. S	truck by auto						
1	20c. TIME OF INJ			CE OF INJURY (Home, fer		own)	(County)	J HL - SI	(Stete)
1	Hour \$\in\text{\$\tilde{n}\$}	2/00///		tory, street, office bldg., et n St.		field	Som	7	Id.
1		77 20	remains described above, he		Inspection y				
	death resulted							in my o	pinion
	death resulted	irom; Natural causes	Accident X, Suice	ide, Homicide	_	rmined mar	nner		
		Now	Dr.	CHIEF MEDICAL	L EXAMINER				
1	SIGNATURE	1990	urley.	M.D. ASSISTANT ME	DICAL EXAMINER			DATE SIG	4
	EXAMINER'S	0 0 0 0	16 D	DEPUTY MEDICA	AL EXAMINER	Mai		1966	
	NAME (Type)	C. G. Rawley,			, city, town, or count	71	fheld,		
	REMOVAL (Specif		22c. NAME OF CEMETERY O		22d. LOCATION		or county)	(Stel	(0)
	durial		66 Sunnyridge Cer		Crisfiel				
/	23. FUNERAL DIRECTO		ADDRESS		C'D BY REGISTRAR			-	
I	bradshaw &	Sons, Crisfiel	ld, Md.	ARR	4 1966	gale	wellen Ju	del	

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